

ORDER FOR SUPPLIES OR SERVICES

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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

BPA NO.

1. DATE OF ORDER 09-13-2004		2. CONTRACT NO. (if any) GS23F1070L		6. SHIP TO:	
3. ORDER NO. DR-10-03-156		4. REQUISITION/REFERENCE NO. 008		a. NAME OF CONSIGNEE U.S. Nuclear Regulatory Commission Attn: T.R. Stansbury	
5. ISSUING OFFICE (Address correspondence to) U.S. Nuclear Regulatory Commission Division of Contracts Attn: Mail Stop T-7I2 Contract Management Center #2 Washington DC 20555				b. STREET ADDRESS Mail Stop O-P1-37	
				c. CITY Washington	d. STATE DC
				e. ZIP CODE 20555	
7. TO:				f. SHIP VIA	
a. NAME OF CONTRACTOR FEDERAL EXPRESS CORPORATION				8. TYPE OF ORDER	
b. COMPANY NAME				<input type="checkbox"/> a. PURCHASE ORDER <input checked="" type="checkbox"/> b. DELIVERY/TASK ORDER	
c. STREET ADDRESS 6404 IVY LANE 5TH FLOOR				Reference your _____ Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated. Except for billing instructions on the reverse, this delivery/task order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
d. CITY GREENBELT		e. STATE MD		f. ZIP CODE 207701407	
9. ACCOUNTING AND APPROPRIATION DATA JOB CODE: D1909 BOC: 2220				\$5,000.00 10. REQUISITIONING OFFICE ADM ADM	
B&R NO: 44015-511306 FUND SOURCE: X0200					

11. BUSINESS CLASSIFICATION (Check appropriate box(es))			
<input type="checkbox"/> a. SMALL	<input checked="" type="checkbox"/> b. OTHER THAN SMALL	<input type="checkbox"/> c. DISADVANTAGED	<input type="checkbox"/> d. WOMEN-OWNED
12. F.O.B. POINT Destination		14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE Stated on original
13. PLACE OF		16. DISCOUNT TERMS Net 30	
a. INSPECTION		b. ACCEPTANCE Elinor Cunningham (301) 415-6580	

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (A)	SUPPLIES OR SERVICES (B)	QUANTITY ORDERED (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)	QUANTITY ACCEPTED (G)
	<p>Refer to Blanket Purchase Agreement No. DR-10-03-156 dated 11/6/02, for Domestic Express Delivery Services, and all subsequent modifications and modify this agreement to incrementally increase the aggregate amount by \$5,000.00 from \$111,000.00 to \$116,000.00.</p> <p>All other terms and conditions remain the same.</p> <p>Previous Total.....\$111,000.00 Increase Amount.....\$5,000.00 New Total.....\$116,000.00</p>					

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		SUBTOTAL
	21. MAIL INVOICE TO:						
	a. NAME U.S. Nuclear Regulatory Commission Payment Team, Mail Stop T-9-H-4						17(h) TOTAL (Cont. pages)
	b. STREET ADDRESS (or P.O. Box) Attn: (insert contract or order number)						
c. CITY Washington				d. STATE DC	e. ZIP CODE 20555	\$5,000.00	17(i) GRAND TOTAL

22. UNITED STATES OF AMERICA
BY (Signature)

23. NAME (Typed)
Elinor Cunningham

TITLE: CONTRACTING OPERATIONS OFFICER

TEMPLATE - ADMOD

ADMOD
OPTIONAL FORM 347 (5/95)